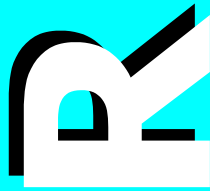
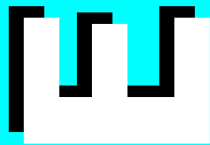
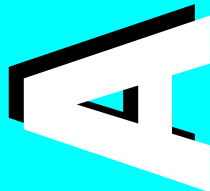
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Attention: Hospitals Providers

This alert is specifically addressed to hospital providers to clarify Medicaid's revised policy on the administration of chemotherapy and non-chemotherapy administration codes in an outpatient setting. July 1, 2005 and thereafter, Medicaid will adopt Medicare's Drug Pricing Methodology utilizing the Average Sale Price (ASP) for HCPCS injectable drug codes. ASP is based on data CMS receives quarterly from pharmaceutical manufacturers. Even though CMS will update the ASP file on a quarterly basis, Medicaid will continue to update the prices on a semi-annual basis.

Starting July 1, 2005 hospitals will be required to bill the temporary G codes for chemotherapy and non-chemotherapy administration codes. The crosswalk between the previous codes and the new codes is outlined on page two of this Alert.

The following CPT drug administration codes will remain as covered services for 2005:

- CPT code 90783 and 90788,
- CPT codes 96405 to 96406,
- CPT codes 96420 to 96520; and
- CPT codes 96530 to 96549.

These guidelines should be utilized by hospitals for billing administration codes:

- No administration fee (infusions, injections, or combinations) should be billed in conjunction with an ER visit (99281 – 99285).
- When administering multiple infusions, injections, or combinations, only one "initial" drug administration service code should be reported per patient per day, unless protocol requires that two separate IV sites must be utilized. The initial code is the code that best describes the services the patient is receiving and the additional codes are secondary to the initial one.
- "Subsequent" drug administration codes, or codes that state the code is listed separately in addition to the code for the primary procedure, should be used to report these secondary codes. If an injection or infusion is of a subsequent or concurrent nature, even if it is the first such services within that group of services, then a subsequent or concurrent code from the appropriate section should be reported.
- If the patient has to come back for a separately identifiable service on the same day, or has two IV lines per protocol, these services are considered separately billable with a modifier 76.

If you need additional clarification, you may contact Jerri Jackson, RN, Institutional Services, by phone at (334) 242-5630 or by e-mail at jjackson@medicaid.state.al.us.

June 21, 2005

CODE CROSSWALK

FOR DATES OF SERVICE JULY 1, 2005 AND AFTER

Old Code	New Code	Descriptor	Add-On Code
90780	G0345	Intravenous infusion, hydration; initial, up to 1 hour	
90781	G0346	Intravenous infusion, hydration; each additional hour, up to 8 hours (List separately in addition to code for procedure)	Yes
90780	G0347	Intravenous infusion, for therapy/diagnosis; initial, up to 1 hour (Specify substance or drug)	
90781	G0348	Intravenous infusion, for therapy/diagnosis (Specify substance or drug); Each additional hour up to 8 hours (List separately in addition to code for procedure)	Yes
90781	G0349	Intravenous infusion, for therapy/diagnosis (Specify substance or drug); Additional sequential infusion, up to 1 hour (List separately in addition to code for procedure)	Yes
NA	G0350	Intravenous infusion, for therapy/diagnosis (Specify substance or drug); concurrent infusion (List separately in addition to code for procedure)	Yes
90782	G0351	Therapeutic or diagnostic injection (Specify substance or drug); subcutaneous or intramuscular	
90781	G0353	Therapeutic or diagnostic injection (Specify substance or drug); Intravenous push, single or initial substance/drug	
NA	G0354	Therapeutic or diagnostic injection (Specify substance or drug); each additional sequential intravenous push (List separately in addition to code for primary procedure)	Yes
96400	G0355	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal antineoplastic	
96400	G0356	Chemotherapy administration, subcutaneous or intramuscular; hormonal antineoplastic	
96408	G0357	Chemotherapy administration, intravenous; push technique, single of initial substance/drug	
96408	G0358	Chemotherapy administration, intravenous; push technique, each additional substance/drug (List separately in addition to code for primary procedure)	Yes
96410	G0359	Chemotherapy administration, intravenous infusion technique; Up to 1 hour, single or initial substance/drug	
96412	G0360	Chemotherapy administration, intravenous infusion technique, Each additional hour, 1 to 8 hours (List separately in addition to code for primary procedure)	Yes
96414	G0361	Chemotherapy administration, intravenous initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	
96412	G0362	Chemotherapy administration, intravenous infusion technique; Each additional sequential infusion, (different substance/drug) Up to 1 hour (List separately in addition to code for primary procedure)	Yes
NA	G0363	Irrigation of implanted venous access device for drug delivery system Reimbursable only when performed as a single service	